

# Children's and young people's health

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## Definition

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General practice care for children and young people covers physical, psychological and social primary health care from birth to adulthood.

The age ranges of childhood and adolescence overlap, reflecting the fact that the developmental transitions through childhood, adolescence and adult life are not determined only by reference to chronological age. Physiological, psychological and social developmental milestones are also markers of maturation, and these vary considerably between individuals.

The ways in which adolescence and young people are defined can be confusing. Over the past 3 decades, the end of adolescence has been marked by the acquisition of skills and responsibilities such as financial independence, entering the workforce and undertaking lifelong partnerships. More recently these skills and responsibilities have not been attained until a later stage in life.<sup>1</sup> For international epidemiological comparisons, most authorities define adolescence as the period between age 10–19 years.<sup>2,3</sup> The term young people is used more loosely internationally. For example, the Australian Institute of Health defines a young people as a person between age 15–24 years,<sup>4</sup> while the preferred use of the term young people by the UK Royal College of General Practitioners is for a person between age 10–19 years.<sup>5</sup>

This statement uses the term young person rather than adolescent. This reflects the current preference of professionals working in the field.

## Rationale

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The prenatal, childhood and adolescent phases of development strongly influence an individual's subsequent health, wellbeing and opportunities in life.<sup>6</sup> Therefore the general practice care of children and young people takes on a special role in creating future opportunities, especially for Aboriginal and Torres Strait Islander peoples and other disadvantaged communities.<sup>7-10</sup>

Families consult general practitioners and community nurses for problems arising in infancy more commonly than any other health professional.<sup>11,12</sup> Many presentations that appear medical at first may be related to parenting issues such as parental exhaustion, lack of confidence, or even guilt, eg. the single most common problem for families nurturing infants is poor sleep, which affects up to 45% of families. Sleep deprivation has a high impact on the family in a number of measurable ways. Inappropriate medicalisation of this and similar presenting problems may result in these families missing out on effective evidence based help.<sup>13-15</sup>

General practitioners often see the same young children as community nurses and other health care workers, and need to communicate appropriately for optimal patient care.<sup>16</sup>

Nine percent of consultations in general practice are with patients aged 15–24 years,<sup>17</sup> but many young people do not feel comfortable raising certain important health issues with the doctor<sup>18</sup> while others experience barriers to accessing general practice care. General practitioners often find it challenging to provide optimal care for young people for a number of reasons.<sup>19-22</sup>

General practitioners in Australia are becoming increasingly involved with the adult care of young people with chronic disease or disability who face particular challenges when they become adults and need to move from tertiary paediatric care to adult models of care.<sup>23,24</sup>

Capacity at the 'system level' refers to opportunities for working with others that can only be put in place as a result of negotiation by GP organisations and government in concert with other stakeholder organisations in the community.

# The five domains of general practice – children and young people's health

## Communication skills and the patient-doctor relationship

Achieving an understanding of the patient's real concerns is the most effective and cost efficient way to achieve desired health outcomes.<sup>25</sup>

When the patient is a newborn, an infant or a child, the rewards of the work are enhanced when the doctor is able to establish a social relationship with the patient and their family. This includes insight into the child's view of their situation and managing parental concerns in a way that enhances the parent understanding, self confidence and capacity to manage. Parents report that they value doctors who understand the complexities of family life.<sup>26</sup>

Communication difficulties between doctors and young people, either real or perceived, are barriers to young people accessing medical care in any setting.<sup>27-31</sup> These arise in part because of the unique developmental processes that occur during adolescence which may make the young person self conscious, mistrusting or cautious about authority figures such as doctors. Young people often have critical concerns about privacy and confidentiality and may be anxious about dealing independently with systems of health care which are not familiar to them.

Doctors' confidence in dealing with young people is improved by training in communication skills.<sup>32</sup> Adolescent friendly practices clearly can make the practice attractive to young people (see *Organisational and legal dimensions*).

## Applied professional knowledge and skills

Applied professional knowledge and skills when dealing with children and young people require a synthesis of:

- communication skills
- medical knowledge
- procedural skills
- knowledge of the social and cultural factors that influence the wellbeing of patients and their families.

General practitioners need to manage urgent, life threatening problems (eg. impending upper airway obstruction, significant dehydration or a child or young person at risk).

General practitioners need to be able to deal with situations where serious disease (eg. meningococcal bacteraemia) may be indistinguishable from a common self limiting condition at the initial presentation. These presentations demand that the doctor is able to formulate a differential diagnosis, exclude a serious illness and children at risk of abuse, neglect, homelessness or nonaccidental injury, and negotiate 'safety net' arrangements with the parents. The safety net must be sufficient to cover the dangerous possibilities within the differential diagnosis.

Families under stress may find that minor childhood illness or difficult behaviour threatens their ability to cope, and may then seek inappropriate investigations or treatments. The general practitioner needs to explore the sources of the family's distress in a way that promotes family functioning.

Effective management is required for the common causes of preventable childhood morbidity such as asthma or anxiety. Ear disease is an example of a condition that is a particular threat to the health and wellbeing of Aboriginal and Torres Strait Islander children and young people.<sup>33</sup>

Young patients with a disability may need their general practitioner's help when it comes to finding strategies that build on their strengths and work around their weaknesses. In these instances, patients will benefit if their general practitioner is able to recognise the need and either supply the support or mobilise other providers.

Psychosocial factors affect the wellbeing of young people regardless of whether there is coexisting organic disease or disability. These factors include multiple and often conflicting cultural influences and pressures. Threats to adolescent health and wellbeing largely arise from psychosocial factors<sup>3,4</sup> yet healthy adolescent development often involves behaviours that constitute health risks. General practitioners need to be able to assess risk and protective factors in the context of the developmental tasks of adolescence<sup>35,36</sup>

## Population health and the context of general practice

General practitioners need to be able to implement evidence based guidelines for developmental surveillance and early intervention strategies for children and adolescents (aged 0–19 years), including immunisation, as documented in section 3 of the RACGP *Guidelines for preventive activities in general practice* (the 'red book').<sup>37</sup>

General practitioners need to understand their practice communities in order to target identified problem local health areas and priorities.

## Professional and ethical role

When the patient is a child or young person, general practitioners need to recognise professional and ethical issues specific to childhood and adolescence. These include:

- recognising that the best interests of the child or young person may not coincide with the perceived best interests of parents, carers or other significant adults
- taking responsibility to advocate for the child or young person while respecting the views of the child or young person
- involving the child or young person in negotiating treatments or other interventions where appropriate
- encouraging patient and parent independence and confidence in managing problems or illnesses as appropriate
- understanding the negative consequence of utilising guilt as a tool of patient management (eg. when dealing with the choices parents make about infant feeding or lifestyle choices of young people)
- utilising systemic counselling approaches, when appropriate (eg. strengths based counselling which seeks to recognise strengths of families and/or other systems supporting the child/young person and to assist in building on them).<sup>38</sup>

## Organisational and legal dimensions

Individual practitioners need the support of effective systems inside and outside the practice.

Inside the practice there needs to be a child, family and young people friendly philosophy, atmosphere and ease of access.

Externally, systems are needed that enable communication and collaboration with the community, colleagues in general practice and other health professionals.

High quality information management enhances clinical practice especially by supporting audit of clinical work involving children and young people.

The practice needs to:

- ensure confidentiality measures are in place that respect the needs of young people, especially in relation to consent<sup>39</sup>
- minimise the barriers often experienced by young people when seeking access to care in general practice<sup>40</sup>
- recognise and implement reporting requirements mandated by law.

# Learning objectives across the GP professional life

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## Medical student

### Communication skills and the patient-doctor relationship

- For children:
  - outline major communication skills and give examples of each
  - describe how to establish rapport with babies and young children
  - describe the similarities and differences between the processes of admitting a child to a ward and consulting with children in the community.
- For young people:
  - generate useful questions under each subheading of the HEADSS (home environment, education and employment, eating, peer related activities, drugs, sexuality, suicide/depression, and safety from injury and violence) schema<sup>41</sup>
  - explain confidentiality and its limits to young people.

### Applied professional knowledge and skills

- For children:
  - describe the clinical characteristics of life threatening illnesses in childhood
  - describe the clinical characteristics of common illnesses in childhood
  - discuss evidence based interventions for common problems in the first year of life
  - outline developmental milestones
  - discuss resilience and the relation to protective and risk factors in a child's family and social environment.
- For young people:
  - describe the developmental tasks of adolescence
  - discuss cultural factors that might influence a young person's experience of adolescence
  - describe the physiology of puberty
  - describe the clinical characteristics of common adolescent specific health conditions
  - discuss the importance of the substages of adolescent development for understanding risk taking behaviours
  - discuss resilience and its relation to protective and risk factors in a young person's family and social environment.

### Population health and the context of general practice

- Describe strategies for health surveillance, prevention and promotion as recommended in chapter 3 of the RACGP red book for children and young people.
- Describe a systematic approach for understanding factors affecting breastfeeding and apply the framework to other desired health outcomes in this domain.<sup>42</sup>
- Describe the health status of Aboriginal and Torres Strait Islander children and young people.

### Professional and ethical role

- Discuss potential conflicts between the best interests of children and young people and the perceived best interests of their parents or carers.
- Discuss the evidence that young people value confidentiality.

### Organisational and legal dimensions

- Outline the legal requirements to notify children and young people at risk.
- Outline the steps involved in notifying children and young people at risk.
- Discuss the barriers young people face in accessing health care.

# Learning objectives across the GP professional life

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## Prevocational doctor

### Assumed level of knowledge – medical student

#### Communication skills and the patient-doctor relationship

- For children:
  - demonstrate ability to reflect on their use of communication skills in each consultation with children and their families
  - demonstrate ability to reflect on the structure of each consultation with children and their families
  - demonstrate how to negotiate time alone with parents when the child is better protected from hearing their parents explicit concerns.
- For young people:
  - demonstrate ability to reflect on the strengths and weaknesses of each consultation with a young person
  - demonstrate ability to negotiate time alone with a young person when that is appropriate.

#### Applied professional knowledge and skills

- For children:
  - demonstrate how to institute the immediate management of life threatening illness
  - discuss the elements of a management plans to protect children who may not be seriously ill at the time of presentation, however, could become seriously unwell in the near future
  - describe and implement evidence based strategies in the management of sleep deprivation and feeding difficulties in the first 12 months of life
  - demonstrate how to perform a supra pubic bladder tap or catheter urine
  - show how to able to monitor growth and development.
- For young people:
  - demonstrate the management of common adolescent specific health conditions
  - demonstrate how to assess risk and protective factors, where appropriate, using schema such as HEADSS<sup>41</sup>
  - discuss dangerous conditions (often called 'red flag' conditions) for anxiety, depression, eating disorder and suicidality.

#### Population health and the context of general practice

- Demonstrate the skills required for health surveillance, prevention and promotion as recommended in chapter 3 of the RACGP red book for children and young people.

#### Professional and ethical role

- Discuss the implications of conflict between the management needs of patients, parents or doctors.
- Demonstrate nonjudgmental approach to managing parents or young people.
- Demonstrate the ability to seek assistance/supervision when appropriate.
- Demonstrate management of the professional boundaries between doctors and young people.

#### Organisational and legal dimensions

- Demonstrate competence in the process of notifying children and young people at risk where legally or ethically appropriate.

# Learning objectives across the GP professional life

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## Vocational registrar

### Assumed level of knowledge – prevocational doctor

#### Communication skills and the patient-doctor relationship

- For children:
  - demonstrate how to conclude consultations so that parents and children leave feeling that they have been understood and that common ground was negotiated in developing the management plan
  - demonstrate maintenance of parent trust without inappropriate prescribing or investigating
  - demonstrate how to empower parents to have the knowledge and confidence needed to monitor the safety of unwell children.
- For young people:
  - demonstrate ability to develop young peoples' trust
  - demonstrate ability to accurately assess young people, where appropriate, using the HEADSS schema<sup>41</sup> effectively to build trust and understanding
  - able to discuss confidentiality and its limits
  - able to communicate appropriately with parents or carers without breaching confidentiality

#### Applied professional knowledge and skills

- For children:
  - demonstrate recognition and institution of management of life threatening illness
  - show how to assist families manage common concerns, illnesses and disabilities
  - demonstrate the diagnosis and management of common breastfeeding problems
  - demonstrate the management of children at risk of abuse, neglect, homelessness or nonaccidental injury
  - demonstrate ability to monitor growth and development
  - detect elements in a child's environment that favour wellbeing and elements that diminish or risk wellbeing
  - outline how to assist in developing parenting skills.
- For young people:
  - demonstrate minimisation of preventable morbidity by appropriate management of medical conditions common in young people (as detailed in the syllabus)
  - describe how to assist young people in managing their sexual health
  - demonstrate ability to recognise young people at risk of suicide and institute immediate management
  - demonstrate ability to recognise young people at risk of abuse or neglect and institute immediate management
  - demonstrate how to recognise young people whose behaviour is a risk to their health and respond constructively
  - describe how to recognise common psychological and psychiatric problems in adolescent patients
  - outline evidence based management of psychological and psychiatric problems that are common in young people
  - describe how to assist parents of young people to develop their parenting skills for young people.

### **Population health and the context of general practice**

- Discuss health inequality in relation to Australian children and young people including in Aboriginal and Torres Strait Islanders.
- Demonstrate the implementation of health surveillance, prevention and promotion as recommended in chapter 3 of the RACGP red book for children and young people.
- Discuss barriers to implementing these strategies in current general practice.
- Discuss solutions for problems faced by young people with a chronic disease who need to move from paediatric to adult care.

### **Professional and ethical role**

- Demonstrate ability to discuss the special health issues relating to children's and young people's health with illustrations from cases or other examples arising from experience in practice
- Discuss professional strategies used to address key issues.

### **Organisational and legal dimensions**

- Demonstrate the ability to maintain confidentiality in practice.
- Demonstrate features that make the practice child and young people friendly.

# Learning objectives across the GP professional life

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## Continuing professional development

### Assumed level of knowledge – vocational registrar

#### Communication skills and the patient-doctor relationship

- For children:
  - demonstrate ongoing review of the communication skills required to understand the real concerns of children and their families
  - demonstrate an understanding of the complexities of family life and how to utilise the consultation in a way that increases parental confidence and competence.
- For young people
  - demonstrate ability to maintain trusting relationships with young people
  - demonstrate ongoing ability to assess health of young people, where appropriate, using schema such as HEADSS<sup>41</sup>
  - demonstrate ability to integrate ongoing confidential health care with young people, their parents, carers and other professionals.

#### Applied professional knowledge and skills

- For children:
  - review knowledge and skills required for effective and efficient health care of children and their families as outlined in the introduction to this domain
  - maintain skills necessary to diagnose and manage common breastfeeding problems.
- For young people:
  - demonstrate the monitoring of competence in assessment and management of medical conditions, sexual health and health risk behaviours of young people, including the recognition of young people at risk of suicide, abuse or neglect and institute immediate management
  - demonstrate the ability to monitor competence in working collaboratively with young people, their parents and carers and other professionals as appropriate, in managing complex problems of adolescence
  - demonstrate the ability to formulate management plans for common psychological and psychiatric problems in adolescent patients.

#### Population health and the context of general practice

- Demonstrate ways of overcoming the barriers to effective implementation of health surveillance, prevention and promotion as recommended in chapter 3 of the RACGP red book for children and young people.
- Describe trends in the morbidity, mortality and 'health inequality' of Australian children and young people.
- Review contributions to the activities of GP organisations in order to progress the goals of this curriculum statement.
- Describe how to contribute to improving the transition from paediatric to adult care for those with chronic disease or disabling conditions.

#### Professional and ethical role

- Demonstrate ongoing review of key professional issues in relation to the health issues of children and young people.

#### Organisational and legal dimensions

- Demonstrate ongoing review to practice policies and procedures that deal with the high quality health care of children and young people.
- Describe and discuss difficulties encountered in implementing these policies.

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